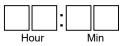
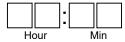
	SLEEP - PET EEP HABITS QUESTIONN	AIRE
ID NUMBER:	FORM CODE: S H Q	DATE: 09/27/2016 Version 1.0
ADMINISTRATIVE INFORMATION 0a. Completion Date:///	Day Year Ob. Staff	ID:

1a. At what time do you usually FALL ASLEEP on weekdays or your work days?

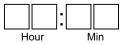


1b. At what time do you usually FALL ASLEEP on weekends or your non-work days?

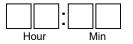


2. How many minutes does it usually take you to fall asleep at bedtime? _____

3a. At what time do you usually WAKE UP on weekdays or your work days?



3b. At what time do you usually WAKE UP on weekends or your non-work days?



- 4. How many hours of sleep do you usually get at night (or your main sleep period) on weekdays or workdays? _____
- 5. How many hours of sleep do you usually get at night (or your main sleep period) on weekends or your non-work days? _____
- 6. During a usual week, how many times do you nap for 5 minutes or more? (*Write in "0" if you do not take any naps.*) _____

Please indicate how often you experience each of the following. (Check one box for each item.)

7a. Have trouble falling asleep.

1 Never (0)

 $_2$ Rarely (1/month or less)

₃ Sometimes (2-4/month)

4 Often (5-15/month)

⁵ Almost Always (16-30/month)

7b. Wake up during the night and have difficulty getting back to sleep.

1 Never (0)

² Rarely (1/month or less)

³ Sometimes (2-4/month)

- ⁴ Often (5-15/month)
- ⁵ Almost Always (16-30/month)

7c. Wake up too early in the morning and be unable to get back to sleep.

1 🗌 Never (0)

² Rarely (1/month or less)

³ Sometimes (2-4/month)

₄ Often (5-15/month)

⁵ Almost Always (16-30/month)

7d. Feel unrested during the day, no matter how many hours of sleep you had.

- 1 Never (0)
- $_2$ Rarely (1/month or less)

₃ Sometimes (2-4/month)

- ₄ Often (5-15/month)
- ⁵ Almost Always (16-30/month)

7e. Feel excessively (overly) sleepy during the day.

- 1 Never (0)
- ² Rarely (1/month or less)
- ³ Sometimes (2-4/month)
- ₄ Often (5-15/month)
- ⁵ Almost Always (16-30/month)

7f. Do not get enough sleep.

1 Never (0)

² Rarely (1/month or less)

³ Sometimes (2-4/month)

- ₄ Often (5-15/month)
- ⁵ Almost Always (16-30/month)

7g. Take sleeping pills or other medication to help you sleep.

1 Never (0)

² Rarely (1/month or less)

³ Sometimes (2-4/month)

- 4 Often (5-15/month)
- ⁵ Almost Always (16-30/month)

Questions 8 through 16 are about snoring and breathing during sleep. To answer these questions, please consider both what others have told you AND what you know about yourself.

- 8. Have you ever snored (now or at any time in the past)?
 - 1 🗌 Yes

0 No GO TO ITEM 14

Don't know (GO TO ITEM 14)

- 9. How often do you snore now? (Check one.)
 - ⁰ Do not snore any more **GO TO ITEM 13**
 - $_1$ \square Rarely less than one night a week
 - ² Sometimes 1 or 2 nights a week
 - $_3$ \Box Frequently 3 to 5 nights a week
 - $_4$ \Box Always or almost always 6 or 7 nights a week.
 - Don't know
- 10. How loud is your snoring? (Check one.)
 - 1 Only slightly louder than heavy breathing
 - ² About as loud as mumbling or talking
 - $_3$ \Box Louder than talking
 - $_4$ \Box Extremely loud can be heard through a closed door.
 - Don't know
- 11. For how many years have you been snoring? _____ (number of years) OR

Don't know

12. Is your snoring: *(Check one.)*

- 1 Increasing over time?
- ² Decreasing over time?
- $_3$ Staying the same?
 - Don't know

13. Have you ever had surgery as treatment for your snoring?

- 1 🗌 Yes
- 0 🗌 No

14. Are there times when you stop breathing during your sleep?

- 1 🗌 Yes
- 0 No GO TO ITEM 16a
 - Don't know (GO TO ITEM 16a)
- 15. How often do you have times when you stop breathing during your sleep?
 - 1 Rarely less than one night a week
 - $_2$ \Box Sometimes 1 or 2 nights a week
 - $_{3}$ Frequently 3 to 5 nights a week
 - ⁴ Always or almost always 6 or 7 nights a week
 - Don't know
- 16a. Have you ever been told by a doctor that you had sleep apnea (a condition in which breathing stops briefly during sleep)?
 - 1 🗌 Yes
 - 0 No GO TO ITEM 17
 - Don't know (GO TO ITEM 17)
 - 16b. Since you had your SHHS sleep test, have you been treated for sleep apnea?
 - 1 🗌 Yes
 - 0 🗌 No GO TO ITEM 16j

Don't know (GO TO ITEM 17)

If yes, what treatment(s) were prescribed?:

16c. Lose weight	1 🗌 Yes 🛛 🗋 No			
16d. Reduce/stop drinking	1 🗌 Yes 🛛 🗋 No			
16e. Change sleeping position (sleep on side instead of back)) 1 🗌 Yes 0 🗌 No			
16f. Use a mouthpiece	1 🗌 Yes 🛛 🗋 No			
16g. CPAP/BiPAP/ASV	1 🗌 Yes 🛛 🗋 No			
16h. Surgery (including laser)	1 🗌 Yes 🛛 🗋 No			
16i. Other	1 _ Yes 0 _ No GO TO ITEM 17			
16i1. Specify:				
 16j. If you were not treated, why not? 1 Doctor did not think necessary GO TO ITEM 17 2 I did not want treatment GO TO ITEM 17 3 Other 16j1. Specify: 				
17. Do you usually use oxygen therapy (oxy your sleep?	gen delivered by a mask or nasal cannula) during			

1 🗌 Yes

0 🗌 No

In the past year, how often, on average, have you been awakened with the following?

18a. Coughing or wheezing

- 1 Never (0)
- ² Rarely (1/month or less)
- ³ Sometimes (2-4/month)
- ₄ Often (5-15/month)
- 5 Almost Always (16-30/month)
- 18b. Chest pain or tightness
 - 1 Never (0)
 - ² Rarely (1/month or less)
 - ³ Sometimes (2-4/month)
 - ₄ Often (5-15/month)
 - ₅ Almost Always (16-30/month)

18c.	Shortness	of breath
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- 1 Never (0)
- ² Rarely (1/month or less)
- ₃ Sometimes (2-4/month)
- 4 Often (5-15/month)
- 5 Almost Always (16-30/month)
- 18d. Sweats or hot flashes
 - 1 Never (0)
 - ² Rarely (1/month or less)
 - ₃ Sometimes (2-4/month)
 - 4 Often (5-15/month)
 - ⁵ Almost Always (16-30/month)
- 18e. Noise in your surroundings
 - 1 🗌 Never (0)
 - ² Rarely (1/month or less)
 - ³ Sometimes (2-4/month)
 - 4 Often (5-15/month)
 - ⁵ Almost Always (16-30/month)
- 18f. Pain in your joints, muscles, or back
 - 1 Never (0)
 - ² Rarely (1/month or less)
 - ₃ Sometimes (2-4/month)
 - ₄ Often (5-15/month)
 - ⁵ Almost Always (16-30/month)
- 18g. Heartburn or indigestion
 - 1 Never (0)
 - ² Rarely (1/month or less)
 - ₃ Sometimes (2-4/month)
 - ₄ Often (5-15/month)
 - ⁵ Almost Always (16-30/month)

18h. Leg cramps or leg jerks

- 1 Never (0)
- ² Rarely (1/month or less)
- ₃ Sometimes (2-4/month)
- ₄ Often (5-15/month)
- 5 Almost Always (16-30/month)
- 18i. Need to go to the bathroom
 - 1 Never (0)
 - ² Rarely (1/month or less)
 - ³ Sometimes (2-4/month)
 - ₄ Often (5-15/month)
 - 5 Almost Always (16-30/month)
- 19. During the past year, how often have one or more members of your household been in or near the room where you have slept?
 - 1 🗌 Never
 - $_2$ \Box Sometimes
 - ₃ 🗌 Usually